



2025 TÜRKİYE **TOBACCO REPORT**





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The Green Crescent Türkiye Tobacco Report 2025

*YEDAM Tobacco/Nicotine Addiction Report and
Psychosocial Support Program (2021–2024)*

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FOREWORD

Tobacco and tobacco product use disorder today is not only an individual health problem but also a profound public health crisis threatening our national well-being. This global disaster, which claims more than eight million lives each year, stands before us in our country as one of the most urgent issues requiring immediate intervention.

The data presented in the Green Crescent Türkiye Tobacco Report 2025 reveal, in an alarming manner, how deep the danger has become. Our greatest concern is the age at which addiction begins. Unfortunately, the majority of individuals in our country start using tobacco before the age of 18. Research even shows that one in three students has tried cigarettes at least once in their lives and that many begin before the age of 13.

An even more striking finding is that only 7.2% of clients applying to YEDAM (Green Crescent Counseling Center) consider cigarette use to be a real problem. This demonstrates how normalized tobacco addiction has become in our society and how widely the risk is underestimated.

The severity of addiction reveals the difficulty of the address. Approximately 74.5% of clients have moderate or high nicotine addiction. High addiction levels are one of the main reasons why 77.5% of quit attempts fail within less than a year.

Another new-generation threat promoted as a “quitting aid,” electronic cigarettes, has sharply increased in applications — rising from 11.7% to 31.1% between 2020 and 2024. This indicates that new products target young people and sustain the addiction cycle.

In the face of this alarming picture, as the Green Crescent, we must adopt a stricter, more determined, and more comprehensive stance against tobacco. This report is a final call to action.

Based on these urgent findings, we will strengthen prevention strategies particularly for younger age groups and intensify our efforts to address the normalization of tobacco in society.

I call on all stakeholders to take immediate action by considering the alarming findings of this report in order to stop the destruction caused by the tobacco industry and protect our children, who are our future.

Assoc. Prof. Dr. Mehmet Dinç

President, Turkish Green Crescent Society





1 INTRODUCTION

The Green Crescent Counseling Center (YEDAM), established by the Turkish Green Crescent Society, is a pioneering model that provides scientific, free-of-charge psychotherapy and social service support in the field of addiction. The YEDAM team, composed of clinical psychologists and social workers, works with a holistic intervention approach for individuals aged 12 and above and provides counseling to families when necessary.

Although tobacco use is among the most preventable causes of disease globally, it still leads to the deaths of millions every year. According to the World Health Organization, more than eight million people die annually due to tobacco-related diseases. Meanwhile, changing tobacco products — especially electronic cigarettes — are becoming widespread among youth, and the limited number of psychosocial support centers in Türkiye makes access to professional help more difficult.

Individuals wishing to quit tobacco first have their addiction level assessed and then receive a personalized cessation plan. Structured sessions focus on coping with cravings, preventing relapse, and managing withdrawal symptoms. The initial session lasts 45 minutes, while follow-up sessions last 30 minutes. After quitting, clients are contacted by phone monthly for one year to monitor remission.

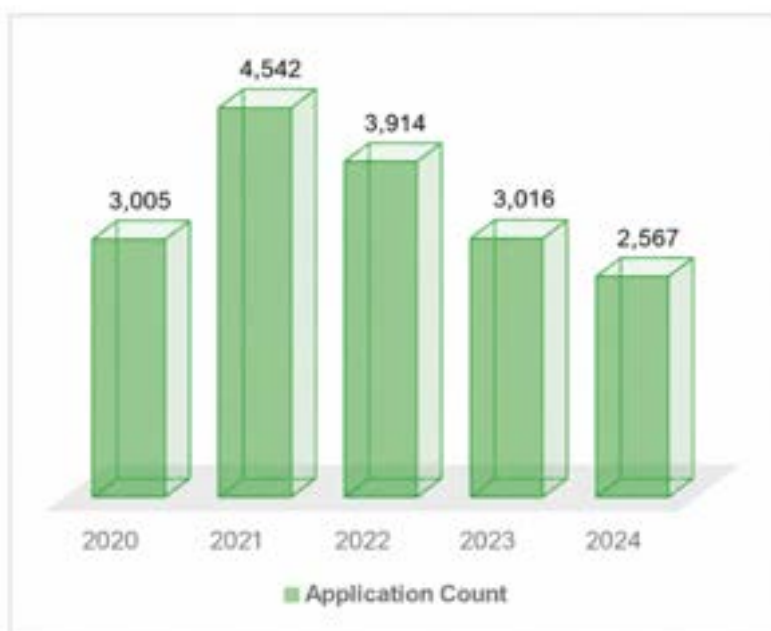
The study aims to systematically present application trends, demographic characteristics, tobacco use patterns, and service monitoring data of individuals applying to YEDAM due to tobacco addiction. It also evaluates electronic cigarette use, effectiveness of psychosocial support, and barriers to treatment access, providing a comprehensive analysis based on field data. In this context, the report aims to enhance the visibility of the YEDAM model and contribute to the service planning required for tobacco control in Turkey.



2 NUMBER OF APPLICATIONS



Treatment requests for tobacco addiction are closely related to access to healthcare services and community awareness. While request rates are high in developed countries, they are low in regions with limited resources.



Between October 2020 and October 2024, a total of 17,044 people applied to YE-DAM due to tobacco addiction. The highest number of clients seeking help for tobacco addiction was observed in 2021. The 2024 data covers October. It is expected that by the end of 2024, the number of applications will exceed the number of applications in 2023.

Effectiveness of Smoking Cessation Services in Recovery from Addiction

According to the World Health Organization, there are approximately 1.25 billion adult tobacco users worldwide. Around 60% of these individuals want to quit smoking; however, 70% do not have access to effective cessation services. In terms of access to treatment services, only 23 countries provide comprehensive cessation support to tobacco users with full or partial financial coverage. This corresponds to only 32% of the world's population (WHO, 2024).

According to the World Health Organization (WHO, 2023), while 70% of countries offer treatment for tobacco dependence, application rates to these services remain low. Access to smoking cessation services is particularly limited in low- and middle-income countries.

Data from the Global Adult Tobacco Survey (GATS) indicate that in countries such as Bangladesh, Mexico, Türkiye, the Philippines, and India, nearly 35% of individuals aged 15 and above have attempted to quit smoking at least once in their lifetime.

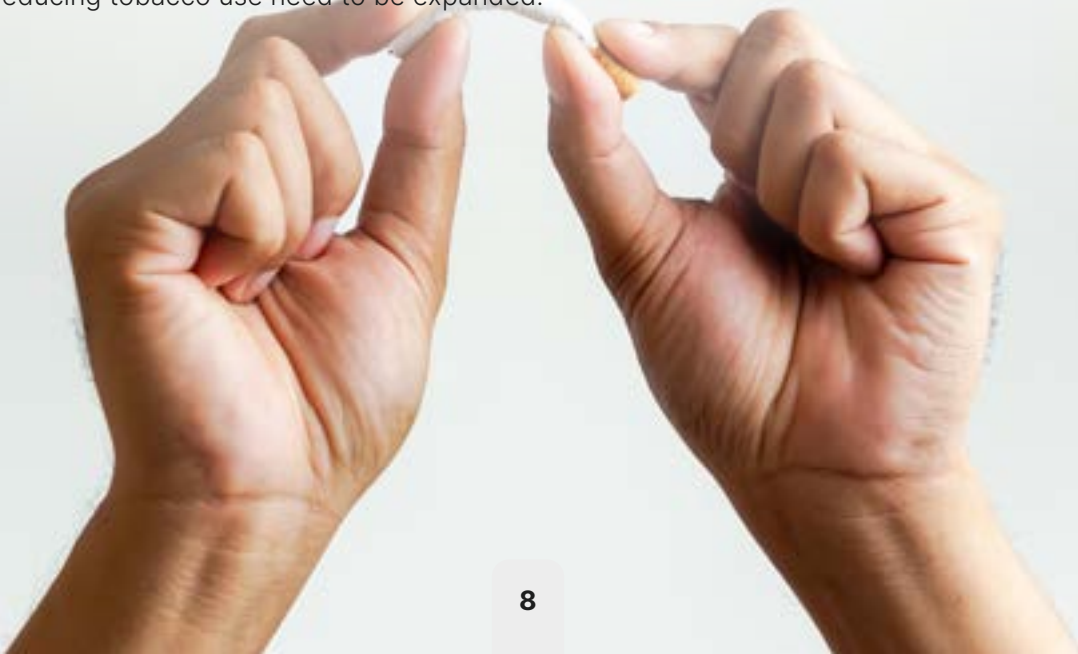
In the United Kingdom, 178,000 individuals applied to the NHS Stop Smoking Services in 2021 to quit smoking, and the recorded success rate was 50% (NHS Stop Smoking Services, 2021). At the Mayo Clinic (USA), approximately 2,000 individuals per year apply to smoking cessation programs. The most commonly used methods include individual counseling, nicotine replacement therapies, and group therapies.

In Türkiye, smoking cessation outpatient clinics have been in operation since 2010. According to data from the Ministry of Health (2018), by the end of 2018, a total of 2,381,782 examinations were conducted in 501 smoking cessation clinics. In the same year, 568,607 medications and pharmaceutical preparations were prescribed to 217,134 individuals.

According to an Anadolu Agency news article (2019), 750 physicians provided services to 2,522,904 individuals in 502 smoking cessation clinics across the country.

A study conducted by Aygüneş (2022) highlighted the guiding role of the ALO 171 Smoking Cessation Hotline in the quitting process, noting that individuals are able to receive support through this line. Established by the Ministry of Health in 2010, the ALO 171 Hotline directs individuals to the nearest smoking cessation outpatient clinic. Between 2010 and 2018, the hotline received 26,148,436 calls (AA, 2017).

Considering the increasing number of individuals seeking help due to tobacco addiction and the global challenges in accessing treatment services, it can be concluded that services and support aimed at reducing tobacco use need to be expanded.





3 DEMOGRAPHIC CHARACTERISTICS

a. Age Distribution



Adults aged 40–50 constitute the group that most frequently applies for tobacco dependence treatment.

Client's Age at the Time of Application	Mean ± SD		41.99±14.10
	<20 years	1,388	8.1%
	20–30 years	3,047	17.9%
	30–40 years	3,975	23.3%
	40–50 years	4,216	24.7%
	50–60 years	2,852	16.7%
	>60 years	1,558	9.1%
			

Mean: Average

SD: Standard Deviation

When the age distribution of clients applying due to tobacco dependence is examined, the highest proportion (24.7%) consists of individuals in the 40–50 age group.

Table 2: Age Distribution of Tobacco-Related Applications to YEDAM

The Onset of Health Problems as the Primary Driver for Smoking Cessation

Studies indicate that individuals aged **15–24** represent the group with the lowest age of smoking initiation. However, this group is also the least willing to acknowledge dependence or seek treatment (U.S. Surgeon General's Report on Smoking and Health, 2020). Individuals in the **middle-age group (25–44)** may develop a desire to quit smoking due to factors such as the onset of health problems, having children, and career planning. Applications to smoking cessation clinics and the use of pharmacological support are highest in this age group (European Commission Special Eurobarometer 506, 2021). Older adults (**45 years and above**) typically apply primarily for health-related reasons and demonstrate higher motivation to quit due to chronic diseases (e.g., COPD and cardiovascular diseases). However, some individuals in older age groups may refrain from seeking help due to the belief that it is “too late” (CDC National Adult Tobacco Survey, 2018).

The 40–50 Age Group Shows the Highest Intention to Overcome Tobacco Dependence

Among clients applying due to tobacco dependence, the highest proportion consists of individuals aged **40–50**. This finding is consistent with the literature indicating that middle-aged adults have stronger motivation to quit smoking due to health concerns and life-course changes.

b. Gender Distribution



The majority of individuals applying for tobacco dependence treatment are male. However, in recent years, applications by female clients have also increased.

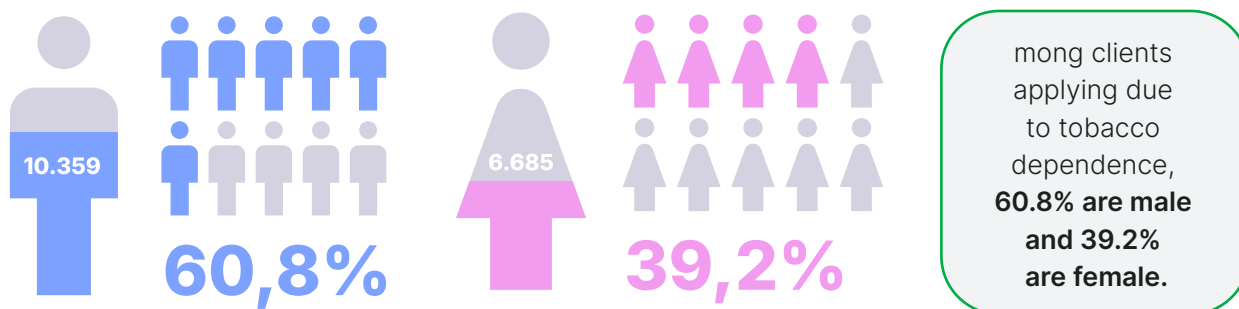


Table 3. Gender Distribution of Tobacco-Related Applications to YEDAM

Higher Motivation Among Women to Quit Tobacco

Globally, smoking prevalence is higher among men than women. According to the World Health Organization, **80% of smokers worldwide are male (WHO, 2021)**.

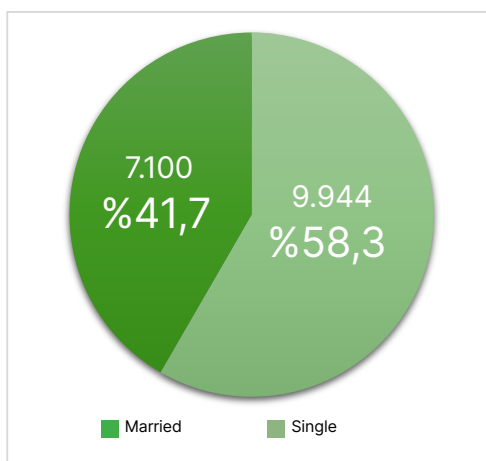
Although women apply to tobacco cessation treatment less frequently, when they do apply their motivation levels tend to be higher than those of men. Research shows that emotional factors (such as anxiety, guilt, pregnancy, and child health) often play a significant role in women's attempts to quit tobacco (Smith et al., 2015).

AN INCREASE IN THE NUMBER OF WOMEN APPLYING FOR TREATMENT TO OVERCOME TOBACCO DEPENDENCE AND THEIR PARTICIPATION IN TREATMENT WITH HIGHER

c. Marital Status Distribution



Individuals applying to smoking cessation treatment are predominantly married. Although smoking prevalence is higher among single individuals, their rates of applying for treatment are comparatively lower.



Among clients applying due to tobacco dependence, **58.3% are married.**



Table 4. Marital Status Distribution of Tobacco-Related Applications to YEDAM

The Majority of Applicants to Smoking Cessation Programs Are Married

Studies have shown that married individuals participate in tobacco cessation intervention programs at higher rates than single individuals (Broms et al., 2004). Factors such as coping with stress, loneliness, and smoking norms within social environments may increase addiction levels among single individuals, while their utilization of health services remains lower compared to married individuals (Ramsey et al., 2019).

The majority of individuals applying due to tobacco dependence are married. This finding is consistent with the literature indicating that married individuals have higher participation rates in smoking cessation programs.



d. Educational Attainment Distribution



As education level decreases, smoking prevalence increases. Correspondingly, smoking cessation and treatment application rates decline significantly.

	Literate - Primary School	3,303	19.4%
	Middle School - High School	2,527	14.8%
	University	9,789	57.4%
	Currently Enrolled	1,425	8.4%

A large proportion of clients applying due to tobacco use disorder (57.4%) have a higher education degree. This proportion is notably higher compared to other education levels.

Table 5. Educational Attainment Distribution of Tobacco-Related Applications to YEDAM

Smoking Cessation Rates Increase with Higher Educational Attainment

In some countries, tobacco use is inversely related to education level (WHO Report on the Global Tobacco Epidemic, 2021). As education level increases, the likelihood of quitting smoking also rises. University graduates and individuals with higher educational attainment are more aware of the harms of smoking and therefore attempt cessation at higher rates.

In addition, this group makes greater use of pharmacological treatment and psychosocial support services (CDC – Smoking and Tobacco Use: Education and Tobacco Use, 2020). Among individuals with lower education levels, application rates for treatment are lower due to factors such as lack of information, difficulties in accessing healthcare services, low health literacy, and socioeconomic barriers (Hiscock et al., 2012).

The majority of individuals seeking to overcome tobacco dependence have higher education levels. This finding aligns with the literature indicating that tobacco use is more prevalent among individuals with lower education levels, while treatment-seeking behavior is less common.





4 Tobacco Use Characteristics and Dependence

a. Age of Smoking Initiation



Male applicants to YEDAM start smoking at an earlier age than female applicants, most often before the age of 18. This highlights the importance of early prevention efforts targeting young people.

Age at Smoking Initiation	Mean±SD	41,99±14.10	
	<18 years	10,728	62.9%
	≥18 years	6,316	37.1%
Age at Smoking Initiation in Males (n=10,359)	Mean±SD	16.14±4.87	
	<18 years	7,106	68.6%
	≥18 years	3,253	31.4%
Age at Smoking Initiation in Females (n=6,685) YEDAM	Mean±SD	18.11±5.63	
	<18 years	3,622	54.2%
	≥18 years	3,063	45.8%

The mean age of smoking initiation among individuals applying to YEDAM is **16.91 years**, and **62.9%** of applicants started smoking before the age of 18. Among males, the mean initiation age is **16.14 years**, and **68.6%** began smoking before the age of 18. Among females, the mean initiation age is **18.11 years**, with **54.2%** starting before the age of 18.

Table 6. Age Distribution of Smoking Initiation Among Tobacco-Related Applications to YEDAM

Early Initiation of Smoking Makes Treatment and Cessation More Difficult

The age of smoking initiation shows significant differences between genders and plays a critical role in tobacco dependence. Studies conducted in Türkiye have demonstrated that males start smoking at an earlier age than females. According to data from the Global Adult Tobacco Survey (GATS, 2012) conducted by the Turkish Public Health Institution, the mean age of smoking initiation is 16.7 years for males and 18.4 years for females.

Similarly, a study by Kaya et al. (2014) among high school students found that 67.5% of male students and 53.2% of female students started smoking before the age of 15. According to GATS (2014), individuals in Türkiye start smoking at an average age of 17, and the majority of users begin before the age of 18. The same study reported that 61.4% of high school students started smoking before the age of 15.

Global trends are consistent with these findings. The World Health Organization (WHO, 2021) reports that approximately 80% of tobacco users worldwide initiate tobacco use before the age of 18. WHO also notes that the prevalence of early smoking initiation is higher among males than females, particularly in low- and middle-income countries.

However, in some high-income countries, smoking prevalence among women has increased in recent years, and the age of initiation has gradually declined (Ng et al., 2014).

A report published by the U.S. Department of Health and Human Services (2012) emphasizes that initiating tobacco use during adolescence significantly increases the risk of nicotine dependence and substantially reduces the likelihood of successful smoking cessation later in life.

In conclusion, the age of smoking initiation plays a critical role in tobacco dependence. Research indicates that in Türkiye, males generally start smoking earlier than females and that the overall age of initiation is below 18. These findings suggest that early smoking initiation increases the risk of dependence. Reports prepared by international institutions such as the World Health Organization and the U.S. Department of Health and Human Services underscore that early tobacco use leads to serious long-term health consequences.



b. Professional Support in Smoking Cessation Processes

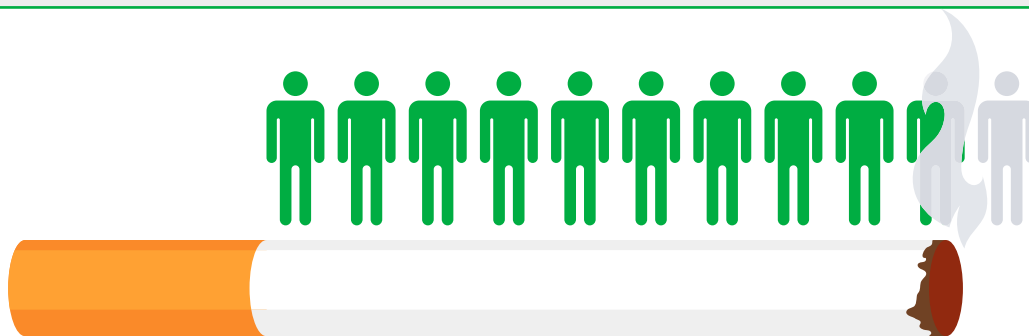


Among smokers, the average duration of use is 23 years, and the average daily consumption is 22 cigarettes. While 77% of clients have previously attempted to quit, 77.5% of these attempts lasted less than one year. The rate of quitting with professional support is 28%. Higher consumption reduces cessation success, whereas professional support and pharmacotherapy increase it.

Category	Statistics	Value	Percentage
Duration of use (average years)	Mean±SD	22.96±13.83	–
Number of cigarettes per day	Mean±SD	22.30±12.94	–
Number of packs per year	Mean±SD	406.96±236.18	–
History of quitting	No	3,905	22.9%
	Yes	13,139	77.1%
Longest period of abstinence (n=13,139)	<1 year	10,188	77.5%
	>1 year	2,951	22.5%
History of quitting with professional support (e.g., medication treatment or counseling) (n=13,139)	<1 year	9,464	72.0%
	>1 year	3,675	28.0%

Table 7. Smoking Use Characteristics

On average, clients smoke 22.30 cigarettes per day and approximately 407 packs per year. A history of quit attempts is observed in 77.1% of clients, and 77.5% report that their longest abstinence period was less than one year. 28% have a history of quitting with professional support.



THE AVERAGE SMOKING DURATION AMONG CLIENTS IS 22.96 YEARS.

Daily Cigarette Consumption Affects the Smoking Cessation Process

The amount of cigarette consumption is a major factor directly affecting the severity of dependence and the difficulty of quitting. The Global Adult Tobacco Survey (GATS) (2008–2016) reported an average daily consumption of 20 cigarettes and an annual consumption of approximately 400 packs among smokers. A study conducted in Taiwan found that individuals smoking 30 or more cigarettes per day had lower cessation rates (Liu et al., 2019). Another study in the United States reported that individuals smoking 10 cigarettes per day had higher cessation success, while those smoking 30 cigarettes per day experienced greater difficulty quitting (U.S. Department of Health and Human Services, 2014).

According to the Turkish Statistical Institute (TÜİK, 2022), 26.3% of individuals aged 15 and above smoke. Among them, 47.8% have attempted to quit, but only 9.8% received professional support. In another Taiwanese study, the cessation rate among individuals receiving medical support was 42.9%, higher than among those using nicotine replacement therapy alone (Chang et al., 2021). Reductions in daily cigarette consumption also positively affected cessation success. Global studies further indicate that most quit attempts are made without professional assistance, and that expert-supported methods such as counseling are used at relatively low rates (Gravely et al., 2021).

Professional Support and Treatment Methods Are Critical for Smoking Cessation

The amount of smoking significantly influences cessation success. Increased consumption raises dependence severity and reduces quit rates. Conversely, professional support and treatment methods are important factors that improve cessation outcomes.



c. Reasons for Smoking Cessation



YEDAM data and the literature indicate that the most influential factor in quitting smoking is health concern. However, smoking is still not perceived as a serious problem by many individuals.

Were economic reasons effective in your decision to quit smoking?	Yes	9,465	55.5%
	No	7,507	44.5%
Were health-related reasons effective in your decision to quit smoking?	<1 year	15,852	93.0%
	>1 year	1,192	7.0%
Do you consider smoking to be a problem for you?	<1 year	1,229	7.2%
	>1 year	15,815	92.8%

Table 8. Reasons for Smoking Cessation

Among individuals applying to YEDAM to quit tobacco use, **93.0%** reported that health reasons influenced their decision to quit. **55.5%** indicated economic reasons, while only **7.2%** considered smoking itself to be a problem

THE PROPORTION OF
CLIENTS QUITTING
SMOKING FOR
ECONOMIC REASONS
IS 55.5%.



Smoking Is Still Not Perceived as a Serious Problem

Studies worldwide and in Türkiye show that most individuals attempt to quit primarily due to health reasons. According to WHO (2021), approximately 70% of smokers want to quit, with health risks being the most commonly reported motivation. Similarly, the U.S. Department of Health and Human Services (2014) identifies smoking-related diseases as one of the strongest drivers of cessation.

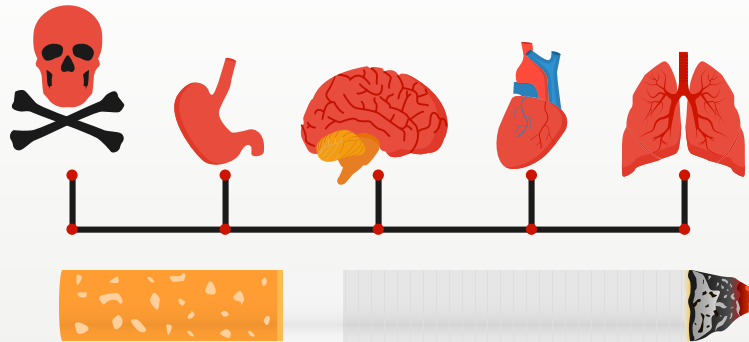
In Türkiye, GATS (2012) found that 86.5% of smokers wanted to quit and 92% cited health risks as the main reason. The predominance of health reasons is particularly related to the emergence of disease symptoms in individuals over the age of 40 (Koca & Erdemir, 2017).

Economic factors rank second. Price increases in tobacco products create a direct deterrent effect, particularly among low-income individuals. Chaloupka et al. (2012) showed that a 10% increase in cigarette prices reduces consumption by about 4%, with a stronger effect in lower-income groups. In a Turkish study, 56.2% reported that rising prices influenced their decision to quit (Özcan, 2019).

However, the perception of smoking as a problem remains low. Many individuals do not consider smoking to be a serious problem in terms of health or social life. In a multinational study across Canada, the USA, Australia, and the UK, only 10–15% of smokers regarded smoking as a serious issue (Hammond et al., 2006).

Health Is the Most Important Factor in Quitting Smoking

Health is the primary determinant of quitting decisions, followed by economic reasons, while the perception of smoking as a problem remains limited. Effective tobacco control policies should therefore combine health awareness strategies with economic measures and individual awareness interventions.



d. Smoking Frequency and Severity of Dependence



The severity of dependence varies considerably and is an important determinant of treatment difficulty.

Fagerström Test for Nicotine Dependence	Mean $\pm$ SD	5.44 $\pm$ 2.65	
	Median (Min–Max)	6 (0–10)	
	Severity of Dependence	n	%
	Low Dependence (0–3 points)	4,348	25.5%
	Moderate Dependence (4–6 points)	6,153	36.1%
	High Dependence (≥ 7 points)	6,543	38.4%

Among individuals seeking treatment for tobacco dependence at YEDAM, **93.0%** cited health concerns as a primary motivator for their decision. Economic factors were reported by **55.5%** of the applicants. Additionally, a mere **7.2%** of the cohort identified their tobacco use as a personal problem.

Table 9. Addiction Severity

Most clients demonstrate **moderate to high dependence levels**, indicating the need for comprehensive, intensive, and individualized interventions. Nicotine dependence is one of the main determinants of continued tobacco use and directly affects quit attempts. The **Fagerström Test for Nicotine Dependence (FTND)** is a widely used, valid, and reliable assessment tool (Heatherton et al., 1991). Scores are typically classified as low (0–3), moderate (4–6), and high (7+) dependence.

Fagerström Nicotine Dependence		N	%
Low	Male	2,726	62.7%
	Female	1,622	37.3%
Moderate	Male	3,720	60.5%
	Female	2,433	39.5%
High	Male	3,913	59.8%
	Female	2,630	40.2%

Table 10. Distribution of Fagerström Nicotine Dependence Scores by Gender

The mean FTND score is **5.44**; **25.5%** show low, **36.1%** moderate, and **38.4%** high dependence. Among low dependence, **62.7%** are male and **37.3%** are female; among moderate dependence, **60.5%** male and **39.5%** female; and among high dependence, **59.8%** male and **40.2%** female.

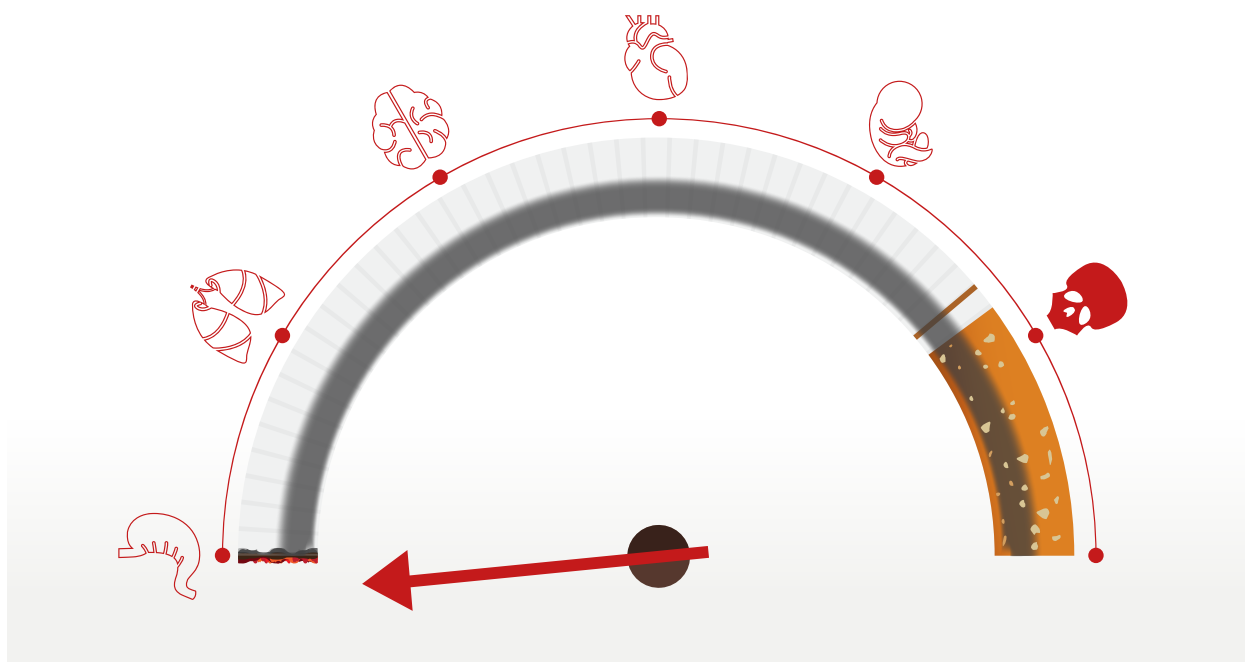
High Levels of Dependence Make Smoking Cessation and Treatment More Difficult

Various studies conducted in Türkiye report that a substantial proportion of smokers have moderate to high levels of nicotine dependence. For example, a study by Aypay et al. (2022) found a mean Fagerström Test for Nicotine Dependence (FTND) score of 5.37, and 38.7% of participants were classified as highly dependent. Similarly, another study by Koçak and Koçak (2015) determined that 34.5% of individuals had high dependence and 38.1% had moderate dependence.

International literature supports similar dependence profiles. For instance, John et al. (2004) reported an average FTND score of 4.9 in a study conducted in Germany, with 34% of participants classified as highly dependent. Additionally, Japundžić-Zigon et al. (2012) emphasized that high Fagerström scores negatively affect smoking cessation success and may reduce motivation during the quitting process. Furthermore, a comparative study by Borland et al. (2010) conducted in four countries (Australia, Canada, the United Kingdom, and the United States) indicated that higher dependence scores lower quit rates and increase the tendency to postpone quitting.

Findings regarding the distribution of dependence levels by gender are also noteworthy. In general, dependence levels are higher among men than among women (Zvolensky et al., 2007). In Türkiye, the study conducted by Koçak and Koçak (2015) reported that 62.9% of men had moderate or high dependence, compared with 37.1% of women. At the international level, Reid et al. (2010) suggested that men may have higher dependence levels because they tend to start smoking at earlier ages and continue smoking for longer periods.

This study demonstrates that the severity of nicotine dependence in tobacco addiction varies considerably and that the majority of clients have moderate to high dependence levels. The notable proportion of individuals with high dependence indicates the need for more intensive and personalized interventions during smoking cessation processes. The findings emphasize that assessing dependence severity plays a critical role in developing effective treatment plans.





5 ELECTRONIC CIGARETTES



The rate of treatment applications among e-cigarette users is lower than among conventional cigarette smokers.

Users of electronic cigarettes (e-cigarettes) apply for treatment at lower rates than conventional cigarette smokers. Reasons include the perception that e-cigarettes are harmless or a smoking-cessation aid, the belief that dependence levels are low, and the fact that users are generally younger.

E-cigarette use status	No	16,678	97.9%
	Yes	366	2.1%
E-cigarette use by year (n=366)	2020	43	11.7%
	2021	45	12.3%
	2022	63	17.2%
	2023	101	27.6%
	2024	114	31.1%

Table 11. Prevalence and Distribution of E-Cigarette Use Among YEDAM Applicants

When the distribution of YEDAM applications among e-cigarette users by year is examined, the proportion was **11.7%** in 2020, increasing to **12.3%** in 2021. Application rates rose to **17.2%** in 2022, **27.6%** in 2023, and **31.1%** in 2024, showing a steady increase over the years.

E-cigarette use is observed in 2.1% of clients. Among e-cigarette users, the average daily nicotine intake is 21 mg, and according to puff-measurement devices, the average number of daily puffs is 194.

Most E-Cigarette Users Report Using the Product to Quit Smoking

International studies indicate that a substantial proportion of e-cigarette users report using the product to quit smoking; however, despite this claim, the rate of application to professional cessation services remains quite low. According to data from the U.S. Centers for Disease Control and Prevention (CDC, 2022), only 10–15% of adult e-cigarette users seek professional assistance to quit smoking. Among younger users, this rate falls below 5%. Similarly, data from the United Kingdom National Health Service (NHS Stop Smoking Services, 2021) show that only 8% of e-cigarette users receive support from formal cessation services.

When users' motivations are examined, a more complex picture emerges. Although most e-cigarette users state that they view the product as a method to help them quit smoking, Eurobarometer (2021) findings reveal that 60% of users do not actually intend to quit. The proportion planning to quit with professional support is only 7%. These findings demonstrate a clear discrepancy between users' stated intentions (associating e-cigarette use with cessation) and their actual behavior.

Low Treatment-Seeking Rates Among E-Cigarette Users

When the present findings are evaluated together with the existing literature, it is evident that e-cigarette users have very low rates of application to smoking cessation treatment. Although many users report using e-cigarettes to quit smoking, this motivation does not translate into seeking professional support.

YEDAM data show that, despite a noticeable increase in e-cigarette use over the years, the majority of users remain reluctant to apply for treatment services. International literature supports a similar trend, indicating that only a limited proportion of e-cigarette users seek professional help for smoking cessation treatment. This suggests that, although e-cigarette use is often associated with quitting, user behavior frequently does not align with professionally supported cessation processes.





6 COURSE AND RECOVERY IN TOBACCO ADDICTION

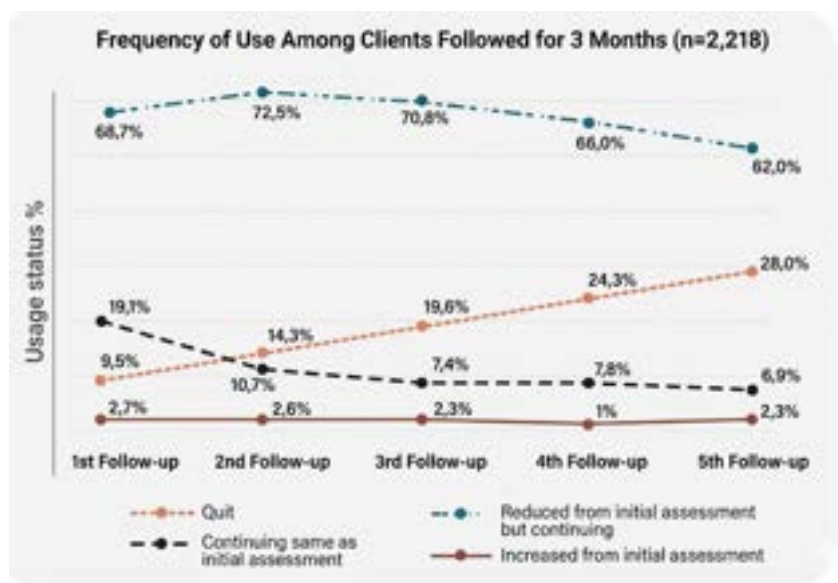


Accessibility and intervention methods play a decisive role in smoking cessation treatment. While digital solutions show increasing promise in this field, pharmacotherapy continues to maintain its effectiveness. There remains a need for innovative and evidence-based approaches to strengthen psychosocial interventions.

Tobacco dependence is a chronic, relapsing disorder resulting from the combination of nicotine's powerful effects on the central nervous system and behavioral learning processes. Nicotine withdrawal, the development of tolerance, and neuroadaptations in the brain's reward system are among the main determinants sustaining dependence (Benowitz, 2010). In addition to biological mechanisms, the course of addiction is also influenced by psychosocial factors such as stress, social environment, accessibility, and comorbid conditions (USDHHS, 2020).

Therefore, recovery is defined as a multidimensional process that includes not only cessation of tobacco use but also the restoration of the individual's behavioral and social functioning. Evidence-based research demonstrates that the combined use of pharmacotherapy and psychosocial interventions significantly increases cessation success (Fiore et al., 2018). In Türkiye, the YEDAM model, which provides free, specialist-based psychosocial support, contributes substantially to the recovery process through its accessibility and continuous follow-up approach.





According to YEDAM reporting results, the frequency of clients who had quit tobacco use in the last week increased to **28.9%** by the third month after applying for treatment. The proportion of clients whose tobacco use increased compared to the first session declined to **2.3%** by the third month.

Table 12. Distribution of Tobacco Use Frequency Among Clients Followed for Three Months

Proactive Telephone Counseling Is the Most Effective Factor in the Smoking Cessation Process

In a controlled study conducted in Iran in 2025, within the intervention group receiving eight sessions of cognitive behavioral therapy, the proportion of individuals smoking more than 20 cigarettes per day decreased from 42.6% before treatment to 6.2% after three months. Significant improvements were observed in high-risk situations, self-efficacy, coping skills, and withdrawal symptoms compared with the control group, and relapse rates were significantly lower. These findings support the effectiveness of cognitive behavioral therapy in the smoking cessation process (Hajisahneh et al., 2025).

Leventhal et al. (2021) reported that behavioral counseling support and pharmacotherapy are effective methods for smoking cessation, but the most successful outcomes in the recovery process are achieved through their combination. A meta-analysis including 19,488 smokers reported that the combination of medication and behavioral counseling achieved a 15.2% quit rate at 6 months, compared with brief advice or conventional treatment. A meta-analytic review by Fiore et al. (2008) showed that medical support increases long-term (≥ 6 months) abstinence rates by approximately 40% compared with counseling. In addition, adding pharmacological treatment to counseling increases abstinence rates by approximately 70%. In a randomized controlled trial conducted in Denmark, Skov-Ettrup et al. (2016) found that proactive telephone counseling produced the highest long-term smoking cessation rate (7.3% at 12-month follow-up), outperforming reactive telephone counseling (1.8%), internet and text-message support (5.3%), and self-help brochures (3.6%). The study demonstrated the superiority of proactive telephone counseling over other interventions.

Tobacco addiction is not limited to a physical habit; it is a comprehensive health problem affecting an individual's cognitive patterns, emotional state, and daily life routines. Therefore, combining psychosocial support with pharmacological methods during treatment both strengthens motivation to quit and helps manage withdrawal symptoms in a more controlled manner.



7 TELEPHONE FOLLOW-UP SESSIONS IN TOBACCO ADDICTION



Telephone follow-up sessions play an important role in recovery from tobacco dependence and in maintaining improvement. Regular support increases smoking cessation success while reducing the risk of relapse.

YEDAM Data

At YEDAM, regular telephone follow-up sessions are conducted to sustain the recovery of clients who have quit tobacco use. These sessions are held once a month, with a target duration of 12 months, and each session evaluates whether there has been any recent use.

At the first telephone follow-up session, 64.5% of clients were found to have continued abstaining from tobacco use. By the end of the 12-month follow-up, the abstinence rate among clients who remained in monitoring increased to 84.8%. Although participation rates decreased over time, the marked increase in abstinence among those who remained in follow-up demonstrates the supportive effect of telephone follow-up sessions on recovery.

AT THE FIRST TELEPHONE FOLLOW-UP SESSION, 64.5% OF CLIENTS MAINTAINED TOBACCO ABSTINENCE.



Multi-Session Support Programs Increase Smoking Cessation Success

A meta-analysis examining 104 randomized controlled trials and 111,653 participants showed that individuals receiving multiple sessions had higher smoking cessation rates than those receiving a single session. The intervention group's quit rate was 38% higher than that of the control group. Telephone counseling increased cessation rates, with a risk ratio of 1.25. Subgroup analyses indicated that combining telephone counseling with written materials or brief face-to-face interventions improved effectiveness, whereas effectiveness decreased in very intensive support programs (Matkin et al., 2019).

Telephone follow-up sessions not only increase smoking cessation success but also support sustainability in long-term monitoring. However, declining participation during the intervention process should be carefully addressed in terms of maintaining effectiveness. Therefore, it is important to develop strategies to improve client engagement in telephone counseling practices.

TELEPHONE FOLLOW-UP SESSIONS SUPPORT LONG-TERM SUSTAINABILITY BY INCREASING SMOKING CESSATION SUCCESS.





8 TREATMENT DROPOUT



Relapse is the most common outcome in smoking cessation attempts, demonstrating the strength of nicotine dependence.

Psychosocial support programs significantly increase smoking cessation success by strengthening individuals' behavior change processes. Regular telephone follow-ups help maintain motivation, support the sustainability of the process, and substantially reduce relapse risk.

YEDAM Data

According to YEDAM data, the average interval between sessions is 14 days. The fifth session corresponds approximately to the third month, the twenty-fourth session to one year, the hundredth session to four years, and the hundred-and-fiftieth session to six years.

Of the 17,044 clients who attended the tobacco dependence assessment session, 57% also attended the first follow-up session. The proportion of those who had abstained from tobacco use for one week increased from 13% at the first follow-up session to 19% at the second session, and to 29% by the third month.

Relapse and Loss to Follow-up in the Smoking Cessation Process: The Impact of Early-Stage Risks on Long-Term Success

Gilpin and Pierce (1994) reported that relapse rates occurring within the first 30 days after quitting smoking are approximately 18% higher than those observed 9–12 months later, which may be explained by the “differential forgetting” effect. Although abstinence duration criteria vary between 1 and 6 months, data on relapse after long-term abstinence remain limited. Borland (2003) emphasized that forgetting quit attempts over time may make individual interventions appear less effective while policy-based interventions appear more effective, highlighting the importance of controlling recall bias and using longitudinal data.

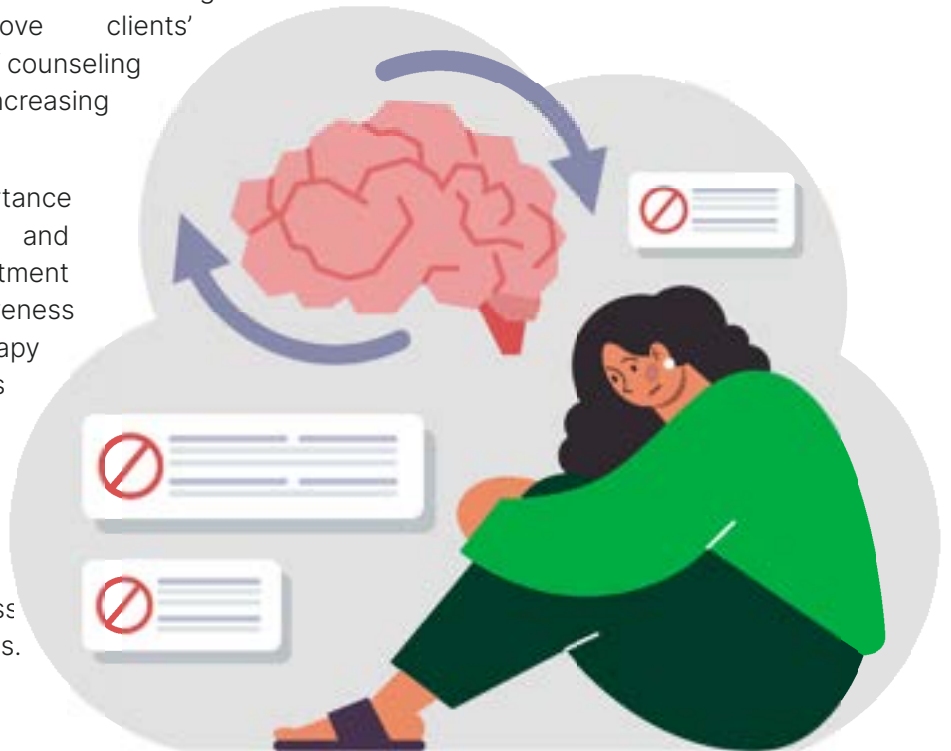
In another study, 40.8% of individuals who applied to a smoking cessation clinic did not attend follow-up appointments after the first session; those who discontinued follow-up were significantly younger, smoked fewer cigarettes, and had lower nicotine dependence according to the Fagerström Test for Nicotine Dependence (FTND) compared with those who continued follow-up (Bahadır et al., 2016).

A separate study examining 175 patients who participated in smoking cessation counseling in 2021 found that approximately half discontinued follow-up. Those who dropped out were mostly women, under the age of 50, had anxiety/depression, and smoked fewer cigarettes. Additionally, individuals who began treatment at the first session were more likely to discontinue counseling, while factors such as education level and alcohol or substance use did not affect loss to follow-up (Cabrita et al., 2021).

Integration of Psychosocial Interventions and Digital Tools Increases Smoking Cessation Success

YEDAM data confirm that tobacco dependence is a recurrent and challenging disorder, and relapse is common in quit attempts. Psychosocial support programs offered at our centers—particularly cognitive behavioral therapy combined with regular telephone follow-ups—improve clients’ cessation success. Continuity of counseling follow-up plays a critical role in increasing long-term abstinence rates.

The findings emphasize the importance of providing comprehensive and continuous support in the treatment of addiction. While the effectiveness of combining pharmacotherapy and behavioral interventions is supported in the literature, YEDAM considers that enhancing psychosocial interventions and integrating them with digital tools will increase both access and success in the smoking cessation process.



POLICY RECOMMENDATIONS ON TOBACCO DEPENDENCE

The recommendations presented in this section address policy approaches aimed at combating tobacco dependence, particularly the prevention of exposure to tobacco sales points and tobacco smoke. Within this framework, the introduction of minimum distance requirements for retail outlets, limiting the display and visibility of tobacco products, protecting smoke-free air in indoor and certain outdoor areas, and supporting all these measures with effective monitoring, enforcement, and evaluation mechanisms are emphasized.

Türkiye has taken significant steps under the World Health Organization (WHO) Framework Convention on Tobacco Control and has been recognized by the WHO as a leading country in tobacco control. The country continues to play a pioneering role through measures such as plain and standardized cigarette packaging, indoor smoking bans, comprehensive advertising prohibitions, increased tobacco taxation, and the ban on the sale of electronic cigarettes. To enhance the effectiveness of these measures, monitoring and inspection mechanisms for legislative violations should be strengthened, the number of inspection teams—including law enforcement personnel—should be increased, and inspections should be conducted on a continuous basis.

1. Introducing Distance Requirements for Retail Outlets

Although the Law No. 4207 on the Prevention and Control of Hazards of Tobacco Products contains restrictions on tobacco sales, the absence of minimum distance requirements—especially around educational institutions and youth-dense environments—constitutes a significant gap in tobacco control policies. Similar to alcohol regulations, a minimum distance of at least 100 meters should be required between tobacco retail outlets and formal education institutions, private tutoring centers, and student dormitories.



2. Restricting the Display and Visibility of Tobacco Products

According to the WHO Framework Convention on Tobacco Control, the display of tobacco products at points of sale is itself considered a form of advertising and promotion. Article 3/13 of Law No. 4207 states: “Tobacco products may not be offered for sale in a manner accessible to persons under the age of eighteen or visible from outside the establishment.” In line with the principles adopted in both the Convention and the Law, introducing display bans (e.g., prohibiting shelf or showcase exposure) or requiring sales from non-transparent cabinets through secondary legislation would contribute to addressing the problem.

3. Measures to Protect Smoke-Free Air

To prevent tobacco dependence and protect public health, certain legal regulations and restrictions on tobacco use and sales in specific areas are needed, including:

- Open areas of children's playgrounds, walking paths, sports areas, and places of worship
- Immediate surroundings of heavily used locations such as shopping malls, airports, and public buildings
- Outdoor areas of hospitals; restaurants, cafés, and other businesses; university campuses; pools and beaches

4. Preventing Tobacco Industry Advertising, Promotion, and Sponsorship in Online Media

- Although advertising of tobacco products in traditional media is prohibited in Türkiye and many other countries, online platforms are frequently used by the tobacco industry to circumvent these bans.
- The provisions of Law No. 4207 prohibiting the promotion and sale of tobacco products on digital platforms and social media must be strictly enforced. All forms of sponsored content, covert advertising, and direct or indirect promotion—particularly for electronic cigarettes and novel tobacco products—should be actively detected and addressed.

5. Expanding Healthy Living Advocacy to Wider Segments of Society

- Advocacy should not be limited to demanding better public health policies; it should also strengthen community-based awareness and participation. Through the Healthy Living Advocacy Project initiated by the Turkish Green Crescent (Yeşilay), efforts are being carried out to encourage individuals to become more active citizens.
- To support the development of a community-based advocacy system, the promotion of the Healthy Living Advocacy Project, the Yeşil Dedektör mobile application used by volunteers, and other reporting mechanisms should be expanded.
- Effective use of the Yeşil Dedektör application and user reporting of violations are crucial for protecting smoke-free air in indoor and certain outdoor areas and for increasing the impact of tobacco control efforts. In addition, increasing both the number and capacity of inspection teams and linking the responsibilities of local administrative authorities to performance indicators are among the proposed measures to prevent tobacco dependence.

CONCLUSION

The YEDAM Model Provides an Effective and Sustainable Solution in Combating Tobacco Dependence

Within the scope of this study, data on the sociodemographic characteristics, tobacco use patterns, levels of tobacco dependence, quit attempts, and psychosocial support processes of individuals who applied to the Turkish Green Crescent Counseling Centers (YEDAM) due to tobacco dependence were analyzed. The findings indicate that tobacco dependence is a highly prevalent chronic health problem and involves significant needs for the structuring of effective intervention programs.

The data reveal that the vast majority of individuals begin smoking before the age of 18, and initiation occurs at earlier ages among males. This underscores the necessity of developing prevention strategies targeting early age groups in tobacco control efforts. Furthermore, considering that 74.5% of clients exhibit moderate to high levels of nicotine dependence, individualized intervention programs tailored to dependence severity are required.

Health-related concerns were identified as the most common motivation for quitting smoking. However, only 7.2% of participants defined smoking as a problem. This finding suggests that smoking is still widely perceived as a normalized behavior in society, which may negatively affect quit attempts.

Psychosocial interventions based on cognitive behavioral therapy and follow-up telephone counseling implemented within the YEDAM Model provide effective support by increasing short-term recovery rates. At the end of the three-month follow-up, the proportion of individuals who quit tobacco use rose to approximately 29%. Nevertheless, participation in the intervention process declined over time and treatment dropout was common, indicating the need to strengthen structures that enhance long-term adherence and sustainability.

In conclusion, effective management of tobacco dependence requires multidimensional strategies at the individual, institutional, and societal levels. Preventive approaches targeting early age groups, structured psychosocial interventions tailored to dependence severity, integration with pharmacotherapy, and the effective use of digital technologies will be decisive in increasing smoking cessation rates. In this regard, the YEDAM Model constitutes an important example of service delivery in the field of addiction treatment in Türkiye.





GREEN CRESCENT COUNSELING CENTER (YEDAM)

Abstinence from addictive substances may occur within a short period of time; however, addiction treatment should not be considered within the limited framework of merely achieving abstinence. The recovery process must be supported through psychosocial rehabilitation. The Green Crescent Counseling Center (YEDAM) provides free support in the fields of alcohol, substance, tobacco, technology, and gambling addiction through a multidisciplinary team consisting of social workers, clinical psychologists, psychologists, public relations specialists, recovery counselors, and coaches.

Guided by a humanistic philosophy, the YEDAM Model delivers client-centered services. Individual counseling sessions are structured based on Cognitive Behavioral Therapy, Motivational Interviewing Techniques, and Mindfulness-Based Therapies. Within the model, group therapy practices for families, adults, and adolescents are implemented with reference to the Smoking, Alcohol and Substance Addiction Treatment Program (SAMBA). Addiction is also a family disease. Accordingly, the YEDAM Model includes several types of family-oriented interventions such as Family Initial Assessment, Family Follow-up Sessions, and Collateral Interviews. Individuals seeking support regarding alcohol, tobacco, substance, gambling, or technology addiction—or those wishing to obtain information about the quitting process—as well as their relatives, can receive free counseling by calling the YEDAM 115 Hotline.

All services provided within the YEDAM Model are outpatient-based, free of charge, appointment-based, and conducted in accordance with the principle of confidentiality. These services are available to individuals who want to learn how to cope with tobacco addiction, recover from alcohol or substance addiction, address internet addiction, or learn how to manage gambling addiction.

Core Components of the YEDAM Model



Comprehensive Assessment

Each individual applying to YEDAM undergoes a detailed evaluation of addiction severity, mental health status, risks, and needs, and a personalized intervention plan is developed accordingly.

Structured Intervention

Structured counseling techniques developed specifically for YEDAM are used to enhance the effectiveness of the therapeutic process.

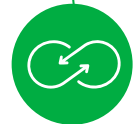


Diversity

The intervention process is shaped according to individual needs by drawing on different therapeutic approaches. Primarily, Cognitive Behavioral Therapy (CBT), Motivational Interviewing, and Mindfulness-Based Therapy techniques are utilized.

Continuity

To ensure ongoing engagement in treatment, social adjustment workshops, group sessions, and social activities are regularly provided.

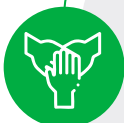


Inclusivity

YEDAM focuses not only on the remission period but also on the broader process of change. The challenges encountered by clients during recovery are addressed as a natural part of this process.

Holistic Approach

Intervention does not focus solely on addictive behavior; it also includes restructuring daily life, strengthening family relationships, and enhancing social support systems.



Supportiveness

Reinforcement systems are used to maintain clients' motivation. Individuals whose participation decreases are supported and re-engaged in the process through methods such as home visits.

Fundamental Principles of the YEDAM Model



Humanistic Approach

YEDAM services are delivered through a non-judgmental and non-coercive framework grounded in empathy and a person-centered perspective. From the moment clients enter the center, they are supported in feeling valued and safe.



Defined Practices

All services are conducted in line with implementation guidelines and predetermined procedures. Especially in crisis situations and intervention steps, the roadmap that professionals should follow is clearly defined.



Evidence-Based Approach

All methods used at YEDAM are grounded in scientific evidence. Interventions are aligned with models whose effectiveness in the addiction field has been empirically demonstrated.



Multidisciplinary Collaboration

Internal collaboration is ensured through teamwork among psychologists, clinical psychologists, and social workers, while integration with external stakeholders (e.g., the Turkish Employment Agency – İŞKUR) is also emphasized.



Continuous Evaluation

Clients are regularly monitored starting from the initial assessment. Various measurement tools are used to standardize the clinical process, and follow-up is conducted on a data-driven basis.



Openness to Cooperation

The YEDAM Model supports active cooperation with other institutions working in the addiction field, facilitating clients' access to comprehensive services they may need.



Standardization

Standards have been established for all developed practices, and all YEDAM centers across Türkiye deliver services in accordance with these standards.

Confidentiality Principle and Boundaries

Within the YEDAM Model, the services received by clients are protected under the principle of confidentiality. The storage, sharing, or disposal of obtained information and records is carried out in accordance with ethical rules. Provided that client identities remain confidential, data may be used for statistical purposes in trainings and scientific studies when needed. There are certain situations in social service follow-ups and psychotherapy sessions in which the confidentiality principle may be breached. An example is the presence of an intention or plan to cause serious harm to oneself or others (e.g., attempting suicide or threatening another person's life). In such cases, considering the best interest of the individual, family members and, when necessary, relevant legal authorities are informed. Even when information related to a person's addiction needs to be shared with another party, the individual is first informed. What information will be disclosed, to whom, when, and how is decided jointly, and verbal or written consent is obtained from the client before disclosure.

Services Provided within the Scope of the YEDAM Model

Alcohol Addiction Counseling

Addiction can develop in many people who consume alcohol; therefore, support from a specialized team in the field of alcohol addiction is necessary. After quitting alcohol, physical, psychological, social, and economic improvements increase the individual's motivation. Within the scope of the YEDAM Model, outpatient psychosocial support is provided to individuals aged 12 and over for alcohol addiction. The individual is supported collaboratively by social workers and clinical psychologists. Family counseling sessions are also conducted for the individual's family. Through SAMBA group therapies, workshops, and new life activities, the individual's psychological and social development is supported. In alcohol addiction services, psychotherapy sessions are planned as 45 minutes and social service sessions as 30 minutes. Initial psychotherapy assessment sessions last 90 minutes, while initial social service assessment sessions last 60 minutes. There is no limit to the number of sessions.

Substance Addiction Counseling

Substance use leads to addiction and causes harm to the individual in physical, psychological, social, and economic domains. Due to changes in brain structure and social functioning associated with substance use, the individual may experience a strong craving for the substance. Within the scope of the YEDAM Model, outpatient psychosocial support is provided to individuals aged 12 and over for substance addiction. The individual is supported collaboratively by social workers and clinical psychologists. Family counseling sessions are also conducted for the individual's family. Through SAMBA group therapies, workshops, and new life activities, the individual's psychological and social development is supported. In substance addiction services, psychotherapy sessions are planned as 45 minutes and social service sessions as 30 minutes. Initial psychotherapy assessment sessions last 90 minutes, while initial social service assessment sessions last 60 minutes. There is no limit to the number of sessions.

Tobacco Addiction Counseling

Within the scope of the YEDAM Model, interventions for tobacco addiction are provided to individuals aged 12 and over by social workers and clinical psychologists trained in this field. For individuals who apply to YEDAM to quit smoking, the severity of dependence is assessed and an appropriate treatment method is determined accordingly. A quit date is set together with the client, and preparation for cessation is carried out until that date. Counseling support is provided on coping with the urge to smoke, relapse prevention, and managing withdrawal symptoms. When necessary, tobacco counseling services are also offered to family members during the counseling process.

Tobacco counseling is planned as 5–6 sessions, with the first session lasting 45 minutes and follow-up sessions lasting 30 minutes. In exceptional cases, 1–2 additional sessions may be conducted. After the client quits smoking, they are followed up by phone for one year. A monthly follow-up call lasting approximately 15 minutes is conducted by the specialist to monitor the remission process.

Internet Addiction Counseling

Within the scope of the YEDAM Model, interventions are provided to individuals over the age of 12 by social workers and clinical psychologists trained in the field of internet addiction. The goal of the intervention is not the complete cessation of internet use, but rather ensuring controlled use. In cases where the individual is under 12 years old or refuses to participate, "non-individual" (indirect) counseling services are provided, as it is impossible to maintain a life independent of technology and the internet today. In internet addiction sessions, the initial interviews with a psychologist are planned for 45 minutes, and initial interviews with a social worker for 60 minutes. Follow-up interviews take place within a range of 45 to 30 minutes. There is no limit on the number of sessions.

Gambling Addiction Counseling

Within the scope of the YEDAM Model, interventions are provided to individuals over the age of 12 by social workers and clinical psychologists trained in the field of gambling addiction. Gambling addiction is a condition that negatively impacts an individual's mental health, family unity, and finances, eventually affecting the whole of society by disrupting public order and the public economy. Referred to in terminology as pathological gambling, gambling addiction is a chronic disorder that negatively affects the lives of the individual and their relatives and progresses over time. In the treatment of gambling addiction, interventions are provided on topics such as raising awareness, psychoeducation, working with comorbid mental health issues, working on "thought traps" (identifying false beliefs



about gambling), motivational interviewing, identifying risk factors and working with risky situations, identifying and working on triggers, money management, life organization, coping with cravings, crisis management, working with the family, and medical referrals when necessary. Additionally, gambling group therapy support is provided. The initial interview session for gambling addiction is planned for 90 minutes, and follow-up interviews for 45 minutes. There is no limit on the number of sessions.

Telephone Counseling

YEDAM provides counseling services to addicts, their relatives, or those seeking information about addiction via the 115 hotline. The YEDAM Consultation Line, staffed by a team of psychologists specifically trained in the field of addiction, provides services regarding alcohol, tobacco, substance, gambling, and internet addictions across all provinces of our country. Following the calls, if appointment planning is necessary for the addicted individuals or their relatives, information is transferred to the Green Crescent Counseling Centers (YEDAM) in their respective provinces, and efforts are made to provide an appointment as soon as possible.

Group Therapies

Group therapies allow individuals to come together with others sharing similar experiences to recognize their problems, gain different perspectives, and develop alternative solutions. Conducted under the guidance of a group leader and a co-leader, this process offers a therapy environment that is both supportive and educational.

(1) Adult SAMBA Groups: Consists of structured sessions on addiction, the effects of substances used, the process of change, coping with emotions and thoughts, and managing risky situations.

(2) Family SAMBA Groups: A program for the family members of individuals who use alcohol or substances. It includes informative and interactive applications and is conducted by trained experts.

(3) Adolescent SAMBA Groups: Applied for adolescents aged 16 and over who receive services from YEDAM. Sessions are conducted in accordance with Samba group rules.

(4) Gambling Group Therapy Program: A therapeutic group study for individuals with gambling disorder.

(5) Gambling Family Group Therapy Program: A supportive group program for the parents, spouses, or adult children of individuals with gambling disorder.

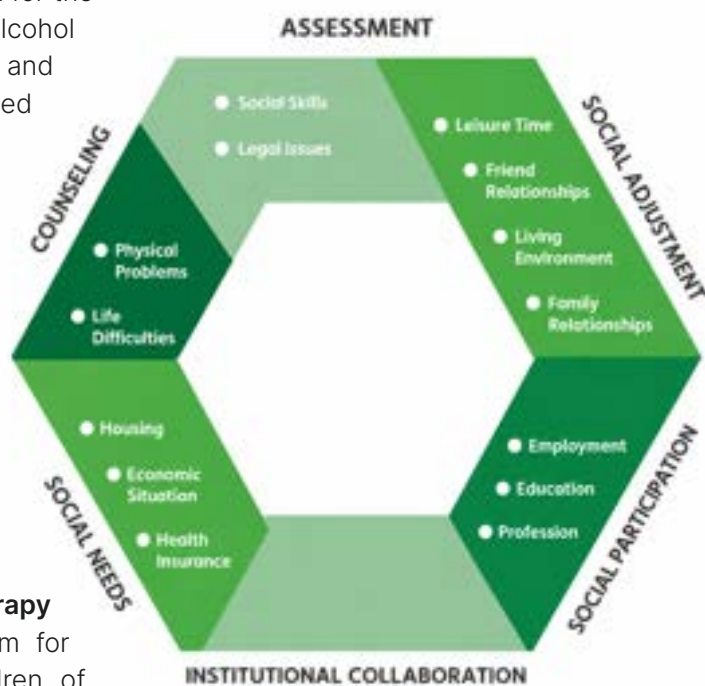


Table 12: Social Support Services

Social Support Services

Social support services offered within the scope of the YEDAM Model are provided by social workers. Social workers offer services under 14 distinct headings: leisure time relationships, social circles, living environment, family relationships, working life, education, vocational training processes, health insurance, economic problems, housing needs, struggling with life difficulties, physical problems, legal issues, and developing social skills.



(1) YEDAM Workshop

The YEDAM Workshop, located within the Green Crescent Counseling Centers, is an outpatient rehabilitation center. It aims to develop the social adaptation and vocational skills of high-risk groups receiving services within YEDAM so they can reach a certain psychosocial level. The branches of the courses in the workshop are determined according to the culture, talents, and interests of the clients. Clients' participation in social life is increased through the prevention of relapse, the organization of recovery group studies, and the creation of workshop workspaces.

Current Workshops: Workshop activities vary according to the physical conditions of the centers. Painting workshops, handicraft workshops, book reading workshops, kitchen workshops, sports workshops, music workshops, graphic design workshops, and plant workshops can be listed as examples.

YEDAM Tobacco Addiction Intervention Program

Scope of Service

The tobacco addiction recovery service provided by the Green Crescent Counseling Center (YEDAM) is intended for individuals aged 12 and over. The intervention process is conducted by psychologists, clinical psychologists, and social workers trained in the field of tobacco addiction. Interviews can be carried out online or face-to-face, according to the individual's preference.

Interview Process and Assessment Tools

The initial interview lasts 45 minutes and serves as an assessment. In this session, the Fagerström Test for Nicotine Dependence is administered to determine the level of tobacco use, and the results are shared with the client. Additionally, a Tobacco Use Assessment Form is filled out to take a medical history (anamnesis) and understand the client's usage habits. Follow-up interviews last an average of 30 minutes. When necessary, 15-minute family interviews are conducted to involve the individual's social circle in the process.



Intervention Content

During the interviews, the effects of tobacco use, the difficulties that may be experienced during the quitting process, and the benefits of quitting are explained. Subsequently, individualized

programs are implemented based on the client's needs. While there is no pharmacological (medication) treatment at YEDAM, clients are referred to health institutions if necessary.

Materials and Monitoring

To support the client's change process, the Tobacco Change Notebook, Tobacco Change Notes, and Usage Calendar are utilized.

Quitting Plan

The client is encouraged to set a quit date, and a contract is made accordingly. If quitting does not occur on the specified date, the difficulties are evaluated and a new date is set.

Long-Term Follow-Up

After quitting tobacco, clients are monitored for one year through short monthly telephone calls, aiming to prevent potential relapses.



DOES YOURSELF OR
YOUR RELATIVE HAVE A



ALCOHOL



SUBSTANCE



GAMBLING



TOBACCO



INTERNET

ADDICTION

AT OUR GREEN CRESCENT COUNSELING CENTERS

FREE AND **CONFIDENTIAL**

WE ARE BY YOUR SIDE WITH PSYCHOTHERAPY
AND SOCIAL WORK SUPPORT



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